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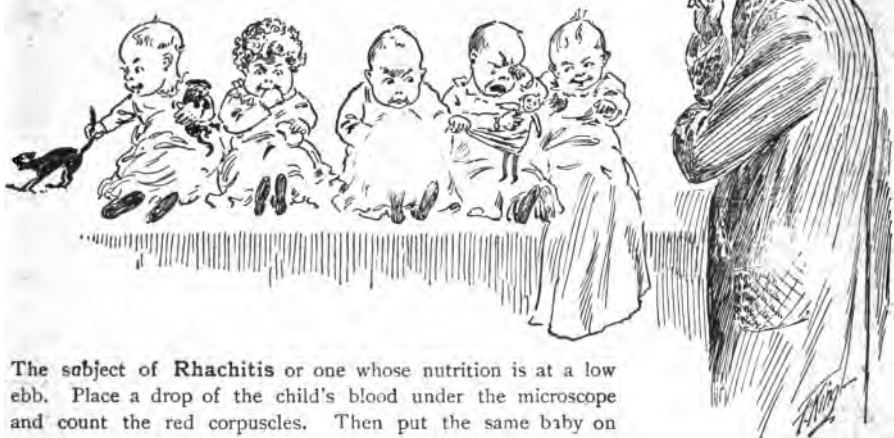
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MAY, 1901.

No. 5.

ORIGINAL ARTICLES.

A FEW NOTES ON THE SULPHOCARBOLATES.¹

BY EDGAR MOORE GREEN, M.D., Easton, Pa.

My attention was first called to the sulphocarbulates by a formula which was recommended a few years ago for the treatment of intestinal indigestion. It consisted of sodium sulphocarbolate and naphthol-benzoate. I found upon trial that this combination acted very nicely as an intestinal antiseptic. I determined, however, if possible, to find out which of these two remedies was the more useful and whether it was necessary to have the two combined in order to have the proper result. The combination of these two drugs certainly seemed quite effective in the correction of those fermentative attacks of indigestion, which are so common among certain classes of patients. Naphthol-benzoate did not seem to have very marked effect in my hands when used alone. Sodium sulphocarbolate, however, has seemed to be one of the best remedies when used for the correction of flatulence. I think that you will agree with me that only a small proportion of our dyspeptic cases suffer primarily with any gastric trouble. Most of them have the intestinal forms of dyspepsia due to a lack of proper mastication of food, to too large quantities of starchy food, to too rapid eating of meals, and to the devouring of sweets and knickknacks between meals. In a case of this kind it seems to me that the fermentation begun in the stomach, is increased in the small intestine with the production of large quantities of gas, and more or less pain in the abdomen. In such cases the distress does not begin until some time after the meal, one and a half to two or three or even four hours. It is in cases of this

¹ Read before the meeting of the Northampton County Medical Society.

kind that I think the sodium sulphocarbolate is particularly helpful. It is thought that pancreatin is indicated or perhaps taka-diastase in order to digest the starchy elements of the food, but before these remedies can do their full work, I think sodium sulphocarbolate should be given to relieve the abdominal distress.

Sulphocarbolic acid, from which the sulphocarbulates are formed, is made by mixing equal parts of sulphuric and carbolic acids. The different sulphocarbulates have been introduced as medicines with the idea that they would unite the properties of these two acids.

The following summary of the chemistry and therapeutics of some of the sulphocarbulates has been taken from Dr. Phillips' "Materia Medica and Therapeutics."

"Sulphocarbolate of sodium is prepared by neutralizing sulphocarbolic acid dissolved in six times its bulk of water, with sodium carbonate, afterwards evaporating and crystallizing.

"It occurs in brilliant, colorless, rhombic prisms, cohering in rosettes. It has a slightly saline and bitter taste, no odor; is freely soluble in six times its bulk of cold, two-thirds of boiling water; slightly soluble in alcohol, not in ether. The watery solution is clear, and does not precipitate with a salt of barium, since the sulphocarbolate is stable; strong heat will, however, expel the carbolic acid, and then the solution will react with barium, like other sulphates. Perchloride of iron gives a violet color.

"If the crystals be dissolved by boiling in nitric acid, and double the amount of water added, picric acid is precipitated in yellow scales, containing a quarter of their weight of carbolic acid.

"The sulphocarbulates of ammonium, potassium, magnesium, and calcium crystallize in acicular tufts, more or less white; the analogous salt of copper, in transparent, light blue prisms; that of iron, in small, brown, micaceous crystals; of zinc, in colorless rectangular plates.

"Sulphocarbolate of sodium is readily absorbed, and is, apparently, decomposed in the blood, since the odor of carbolic acid is soon communicated to the breath, while sulphate of so-

dium passes in the urine (Sansom). On examining the tissues of two guinea-pigs that had taken nearly 300 grains in four days, the sulphate was detected in the liver, muscles, etc., but neither carbolic nor sulphocarbolic acids were evident to tests. It is probable, however, that some free acid passes in the urine, as well as in the breath.

"Any special powers of the alkaline sulphocarbates over the nervous and circulatory systems have not been ascertained; 20 grains taken in water, and repeated several times at short intervals, produce no definite symptoms, and 60 grains given every four hours for several doses cause only slight dizziness or vertigo. The administration of these salts, however, offers an indirect method of giving carbolic acid, and doses much larger than those mentioned would, probably, develop some of its effects; these alkaline compounds, however, have less local irritant action, and up to the present time have not caused poisonous symptoms.

"As direct antiseptics, the sulphocarbates do not rank high; the soda-salt, however, arrests fermentation more actively than the others."

At this point it should be said that the U. S. Dispensary states that the sulphocarbates are probably "inert." To this statement I must humbly take exception; and it was with the idea of calling these salts to your attention that I have come before you to-day. Sodium sulphocarbonate may be given in doses of from 10 to 30 grains. In my own practice, however, I have seldom given more than 5 or 10 grains in each dose. A dose of this size given after meals and at bedtime is very often helpful in cases of intestinal indigestion with flatulence.

Very frequently *cascara sagrada* is indicated in combination with it, because almost all of these patients are more or less troubled with constipation. In many cases the sulphocarbonate can be given with advantage between meals, say at intervals of two hours in order to correct the flatulence which exists almost constantly throughout the day. This method of administration has been very helpful in my hands. I think, however, when in pill form, especially with an enteric coating, that the sulphocarbonate is more apt to reach the spot and do its work satisfactorily. For this purpose I have had Parke, Davis & Co. put up

for me four-grain pills of sodium sulphocarbolate and two and a half-grain pills with this coating. Ammonium sulphocarbolate I have also used in pill form, enteric coating, and found it very helpful. In fact in some cases its effect seemed to be more prompt than that of the sodium salt.

Another combination that has seemed to me to be a useful one, is that of acetanilide and sodium sulphocarbolate. It is a well-known fact that antifebrin, or acetanilide, is more soluble and consequently is more rapidly absorbed and therefore more promptly effective when given in combination with some alkaline salt. Acetanilide was first tried by me in combination with sodium sulphocarbolate in the proportion of 85 per cent. of the former with 15 per cent. of the sodium salt. This I think was the proportion in which sodium bicarbonate was originally combined with acetanilide in the manufacture of the well-known Antikamnia. This combination seemed to work very well, but after a little experimentation I found a smaller proportion of acetanilide was quite as effective or even more so. The combination finally decided upon was 50 per cent. of each in powder form to be given in three- or five-grain doses. This would give in each dose one and a half or two and a half grains. The primary reason for combining the sulphocarbolate with acetanilide was to render the acetanilide more soluble and also because the sulphocarbolate seemed to me to be the better corrective of various forms of fermentation. This it seems to me to have accomplished. And after several years of trial with this combination I think I can safely say that the smaller doses of acetanilide given in this way are quite as effective in my hands as the much larger doses that are usually given. I do not think that it is a common thing to see a severe headache relieved with five grains of acetanilide. Given with sodium sulphocarbolate, it is a very common experience for me to find headaches relieved promptly with a five-grain powder of the combination, repeated in a half hour or hour. So prompt has been the effect very frequently from this combination that I have had patients to ask if the powders did not contain morphin, and this question has been asked when only three grain-powders were being administered. The great advantage of this combination is that one

always feels that the acetanilide is being used in a perfectly safe dose.

With regard to the other sulphocarbolates, I am not able at present to make any report except perhaps concerning the zinc salt. I have used some of the other salts to some extent but too little to make any statement with regard to them as yet. Sulphocarbolate of zinc has been so freely used by many of the profession, as to need hardly any mention at this time. Its use in dysentery and various diarrheal conditions has been frequently spoken of. It has been very extensively used by me in various diarrheal cases, especially those of a chronic nature and has proved most effective. I may mention one case of a lady who had suffered from chronic intestinal catarrh for a number of years, but whose condition could not be relieved by any of the usual remedies. Copper sulphate, copper arsenite, tannic acid, and various other remedies were tried with no permanent result.

Sulphocarbolate of zinc was finally combined with tannic acid in the treatment of this case. The tannic acid was gradually removed from the treatment. Within a very few weeks the condition of the bowels was entirely corrected and now after four or five years' interval, there has been no return of the diarrheal trouble.

It was not my intention, however, to do more than bring to your attention at this time a few of the salts of sulphocarbollic acid which are not generally used. As before stated, the sodium and ammonium salts are the ones from which I have had the best effects thus far, except in cases of diarrheal trouble where sulphocarbolate of zinc has been extremely helpful.

